U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E PROLINE	
1. File Number U- 124	2. Fiscal Year Covered From:
	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEDE UPSHAW	Name NFL PLAYERS ASSOCIATION
	Labor Organization File Number $045-533$
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2021 L. Sr. N.W	Street 2021 L. ST. N.W
City WASHIDGTEN	city WASH/NGTON
State DC ZIP Code + 4 20036	State 5. C ZIP Code + 4 20036
5. Position in labor organization. EYECUTIVE DIRECTOR	
Enter engrappints data halam If don't the	
A. Held an interest in, engaged in transactions (including loans) with or	derived income or other agenesis benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other agenesis benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

Name of Person Filing GENE UPS NAW	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visus substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Awalga mated Bant Trade Name, if any: P.O. Box, Bldg., Room No., if any Street II-15 Union Square City New York State Ay ZIP Code +4 10003-3378	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Bank	
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing.	Minimum 50,000
State ZIP Code + 4	Christmas Gift - Li	guor
	12.b. Amount.	9400
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)	<u> </u>
S.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		Annual de deservoires
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Gene Upshaw	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Groom Law Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ITOI Pennsy Vania Ave NW City Washington State DC ZIP Code +4 20008	9. Business deals with: X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	₁	
Name	Legal services		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$\frac{\frac{13.68,000}}{2.a. Nature of interest held or income received.}\$ Golf outing for charity		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	\dashv	
(including trade name, if any).		٦	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Gene Upshaw	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Rest Rein/Peter Rozell - NAL Physic Returns Flan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 24 20 Street 200 St. Paul Place City Baltimore State MO ZIP Code +4 21398-6034	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TAFF HArtley pension plan for NFC players 11.b. Approximate dollar value of such dealing. at least 50 M 12.a. Nature of interest held or income received. Fund meeting expenses for lodging and meals
	12.b. Amount. \$ 1/80°
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name 283	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14,b. Amount of payment.

Name of Person Filing Gene Upshaw		File Number U-	
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8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Legal	services	
Street	44 b Annual deller vol	to of such dealing (\$0.70) 600).	
City	11.b. Approximate dollar val12.a. Nature of interest he		
State ZIP Code + 4		uas Gift-Wine	
	12.b. Amount.	7/50	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Constitution for PERSON THE PERSON AND AND AND AND AND AND AND AND AND AN	

Name of Person Filing Gene Upshaw	File Number U-		
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8. Name and address of Business (including trade name, if any). Name Deffrey Walsh. Trade Name, if any: Law Office of Jeffrey R Walsh P.O. Box, Bldg., Room No., if any Street 423 Washington Street City San Francisco State ZIP Code + 4 94111	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Legal services		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. 36,000/4-		
	11.b. Approximate dollar value of such dealing.		
City Last Caracle State Control Control	12.a. Nature of interest held or income received.		
State ZIP Code + 4	12.a. Nature of interest held or income received. Christmas Gift - Wine		
	And the second of the second o		
	Christmas Gift - Wine 12.b. Amount. 12.b. Amount. 13.6 13.6 14.50		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Christmas Gift - Wine 12.b. Amount. 12.b. Amount. 13.6 13.6 14.50		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Christmas Gift - Wine 12.b. Amount. 150 T parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Christmas Gift - Wine 12.b. Amount. 150 T parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	Christmas Gift - Wine 12.b. Amount. 150 T parts A and B above) or other thing of value.		

Name of Person Filing Gene Upshaw		File Number U-	
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8. Name and address of Business (including trade name, if any). Name Call bee Cea Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 850 K. St. N.W. City Washington State Decode 4 20006	9. Business deals with: A Labor Organiza b. Trust c. Employer	tion	
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		ng and audit	
Street			
·	11.b. Approximate dollar valu	ue of such dealing. \$7395,000	
City Carlot Carl	12.a. Nature of interest hel	d or income received.	
State ZIP Code + 4	Golf out	ing	
	12.b. Amount.	15000	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City Control of the C		Lucy	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		